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Deposit Account Number 50-1965 (circlose an extra copy of this form). Change in Entity Status (from status indicated above) a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the issue fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other particles as shown by the records of the United States Patent and Trudemark Office. Authorized Signature Lisa C. Childs Registration No. 39,937 Typed or printed name Lisa C. Childs Registration No. 39,937 This collection of information is required by 37 CFR 1.31). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to propose the propose of the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to the Chief Information Officer, U.S. Patent and Trudemark Office, U.S. Department of Commerce has four and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trudemark Office, U.S. Department of Commerce (Commissioner for Patents P.O. Box.)	L1 "Fcc Address" indicate PTO/SB/47; Rev 03-02. Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNEE TA/Cuisenaire A. Daigner are please check the appropriate to the following fcc(s) are set the set of the	RESIDENCE DATA TO B an assignce is identified be 137 CFR 3.11. Completion BB re, A Division and Company Inc. assignce category of categor	of the form is NO of the form is (will not be property of the form is not be property of the form	THE PATENT (print duta will appear on T a substitute for fill b) RESIDENCE: (CI	or type) the patent. If an assigned an assignment. If and STATE OR CO ETHOR Hills, Individual Co mount of the fee(s) is er	UNTRY) Illinois corporation or other private grantelosed.	
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